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Vol. XVI.

JUNE, 1895.

No. 6.



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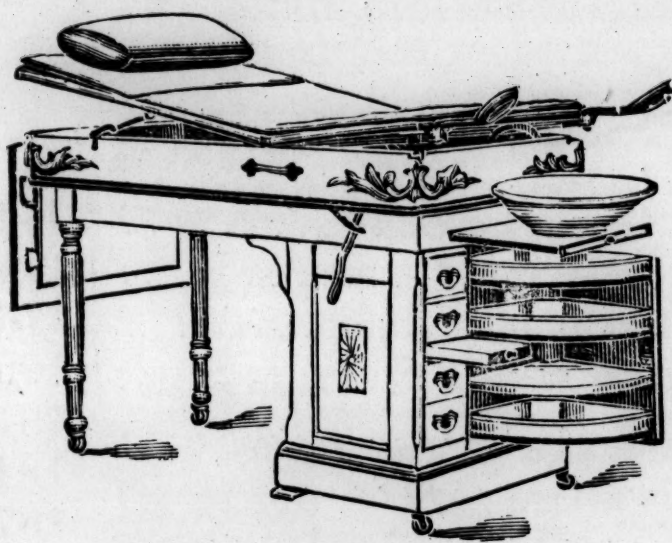
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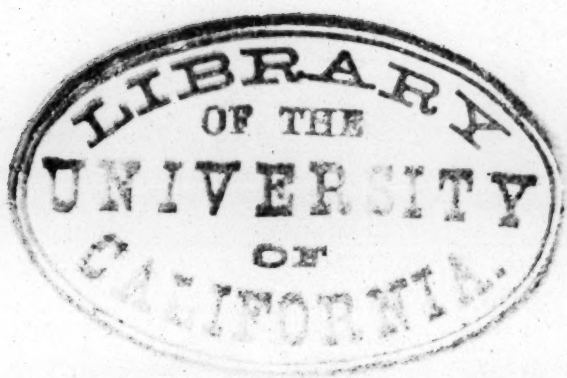
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{ NO. 6.

Original Articles.

CALOPRACTIC SURGERY. (No. 13.) (Gr. *kalos*, beautiful, and *prassein*, to make.)

Lectures by PROF. GERE, California Medical College
Intermediate Course, '94.

A fine, round, well developed arm without an excess of hair (which may be removed by electrolysis, if present) is both useful and beautiful, but the majority of arms are either skinny or flabby from lack of sufficient use, or unsymmetrical from use in but one direction—an overgrown biceps is as much a deformity when the other muscles are undeveloped as is the cylindrical pipestem of the cigarette-smoking drygoods clerk.

No muscles are more easily developed than those of the arms, but we should be careful to develop all of them equally, and if any particular ones are deficient give special attention to them for the time being. To bring out the upper and outer portion of the arm, or deltoid region, lift weights (preferably dumb-bells) from the side, by carrying the arm extended outward and upward to or above the level of the shoulder, also put up the the dumb-bells from the shoulder to the full extent of the arm and forearm. This develops all the upper shoulder muscles and the back of the arm (triceps) as well. Striking out, as in sparring, is excellent for the triceps, so, also, is carrying the dumb-bells backwards and

upward with the elbow straight. The biceps and other muscles in front of the arm are developed by “curling” the dumb-bells, drawing one’s self up by the arms—this develops the shoulder and back muscles as well—pulling on ropes, or anything which forcibly bends the elbow.

Most of the muscles of the arm are also connected with the chest or back and shoulders, so that improvement is not limited to the special region in either case. Most of the forearm muscles extend to the wrist, hand or fingers. So the forearm may be developed quite independently of the arm or body—piano players are likely to have a good forearm, while the arm may be sadly deficient. Grasping anything firmly in the hands, turning or twisting a stick, extending the hand and fingers to their fullest extent, all should be practiced, to give a firm, plump forearm, and these same exercises will also be effective in rendering the hand strong and supple. There are but few muscles of consequence in the hand itself, and these are either concerned in grasping or moving the fingers laterally, hence any necessary exercises for these are indicated without enlarging upon the subject further.

Less interest is taken, as a rule in the strength of the hand than in its shape, color and the impression it gives to the touch—it should be symmetrical, white (or at least clean), smooth and soft but elastic—flabby hands are an

abomination. Juniper tar soap is the best for the hands, as well as for the skin elsewhere, but the odor is not agreeable to every one. A little borax or ammonia in water is also an excellent cleansing fluid, while for removing stains and whitening the skin some of the vegetable acids are valuable—oxalic acid is the most effective but its poisonous qualities unfit it for common use. A slice of lemon is good, pleasant and harmless. Printer's ink, tar, or grease may be removed with pure benzine. Naptha, ether and turpentine are nearly as good. For nitrate of silver stains and indelible ink, a strong solution of cyanide of potassium is most certain, but iodide of potash, or hyposulphate of soda, are more innocent and may answer. To prevent the skin from becoming rough, or chapping, Fox recommends a lotion of three parts borax, five parts glycerine, and one hundred parts rose water. Many persons, however, are inimical to glycerine—myself for one. If chaps are present there is hardly anything better than the old "volatile liniment" consisting of olive oil, two parts, and aqua ammonia one part, used as a soap when washing, after which the hands should be dried gently on a soft towel. The lanolin mixture mentioned for the face is also good. An excellent lotion in many cases, to preserve the skin from the effects of cold, prevent chaps and render the hands soft and smooth, is,

R

Ol. rosæ	- - - -	m xv
Ol. cajuputi	- - - -	m xx
Glycerini	- - - -	℥j
Spts. Myrciæ	- - - -	℥ij

M Sig.—Apply to the hands after washing and drying, or before going to bed.

Dr. Prout (*N. Y. Med. Jour.*) recommends a liquid soap, which, he says,

when poured on the moistened hands attacks all matter out of place more quickly and thoroughly than ordinary soap, and leaves the skin soft and white. He dissolves three ounces of white castile soap in one pint of alcohol and then adds two ounces of glycerine. To this may be added any essential oil or oils that may be desired. It should be kept in a bottle or jar, fitted with a stop-cock.

For those with whom glycerine disagrees, causing redness and irritation of the skin, washing in water with oatmeal or dusting the hands with oatmeal and wearing gloves at night will be of benefit. Gloves may also be worn in connection with greasy applications as cucumber cream, cold cream or rosewater ointment, etc., applied at night. Plain pure olive oil is probably as good or better than these more expensive and fanciful mixtures. The fingers should be straight and tapering, but it is necessary to give attention to the growing child if perfection in this respect is to be attained. Perhaps it does not matter for boys, though if one expects to adopt a profession he would do well to refrain from baseball, which is ruinous to fingers, but girls should always have care directed to the hands. They may sleep in gloves, or with thimbles or something similar on the fingers to secure taper tips, and cases of beginning inflammation as periostitis, onychia or paronychia—commonly called felon, whitlow, catarrh or runaround, should be immediately treated with powerful sedatives and antiseptics to prevent disorganization of tissue. Fractures, cuts, burns or any injury of the fingers should receive great care instead of being neglected as is too commonly

the case and a splint should be worn until all danger of deformity is past. A crooked finger is a difficult thing to deal with satisfactorily and a stiff straight one is about as bad, sometimes worse, as it may be less useful and more in the way and many cases are better amputated at the first joint or through the metacarpal bone. It is generally worse than useless to straighten a contracted finger by dividing the flexor tendon, as this is not likely to unite, and the last condition may be more inconvenient than the first. Some rare cases of contracted fingers are due to shortening of portions of the palmar fascia, and these cases may be remedied by a V shaped incision loosening the contracted slip, the skin being drawn together beyond or behind it. In mild cases, systematic stretching may be employed with some prospect of success.

Webbed fingers should be separated by piercing the upper extremity of the web and inserting a piece of metal or hard rubber until the raw surface has healed, then separating the remainder of the web and bandaging separately, if any skin flaps can be utilized to cover the raw surface the result will be the more satisfactory. Supernumerary digits should be removed at an early period and if the joint from which they spring is too wide, it may be narrowed at the same time.

Should the finger tips be too wide as a result of injury or vicious growth, a portion of the part may be excised. I have derived excellent results in some cases by making two lateral incisions, thus keeping the scar away from pressure, and dissecting out a sufficient quantity of the superfluous

tissue, under cocaine anæsthesia and elastic compression.

When mankind used the hand as an excavating implement, long, strong fingernails afforded valuable assistance, but since such usage is no longer necessary, the nails require trimming to dispose of the superfluous growth, this should always be done with a sharp knife, never with scissors, and the shortening should not be excessive. The nail should correspond in length and shape nearly with the tip of the finger to the sensitive pad of which it is designed for a protection. The border of skin around the sides and root of the nail should not be permitted to adhere, but should be loosened if necessary with a smooth blunt piece of ivory, hard-wood or metal. Agnails or hangnails should be carefully trimmed off with a sharp knife or scissors, and if irritated, touched with a point dipped in carbolic acid or salicylated adhesive plaster applied. The nails are best cleaned with a brush or a blunt point may be used, but not a sharp instrument. To render the nails smooth and of an attractive pinkish hue, they may be polished with muriate of tin or carmine in powder or ointment. The author of the *Ugly Girl Papers* recommends that they be rubbed with equal parts of cinnabar and emery, followed by oil of bitter almonds.

For breaking the vicious habit of biting the nails you may apply extract of quassia to the finger ends or "oil of birch" to the dorsal region.

Finally, I will quote an article on liberating accessory tendons with the remark that while the process has been known for centuries almost, and I have performed it frequently, yet a musical

charlatan of this city has claimed to have invented it within the last few years and attempted to give it his own name:

"The liberating of the ring finger in musicians, by dividing the accessory tendons of the extensor communis digitorum muscle, by Wm. S. Forbes. (Read November 12, 1884.) When the middle finger and the ring finger are brought down by the flexor muscles, and their balls are held down firmly against the keys of a musical instrument, as in performing on a piano, for the purpose of producing continuous sounds, and at the same time it should be necessary to extend and then to flex the ring finger in order to produce accompanying sounds, it will be found that in the still flexed position of the middle and little fingers the ring finger can be but very slightly extended. Its complete extension, without operative interference, can only be brought about by long-continued exertion in practice, when elongation of certain accessory, but restricting, tendons is made by nutritive change.

In the dorsal aspect of the metacarpal zone in man, dissection shows that the tendon of the extensor communis digitorum muscle that goes to the ring finger gives off a slip on either side, one of which goes to join the extensor tendon of the middle finger and the other to join the extensor tendon of the little finger. These two slips are known as the lateral vincula or *accessory tendons*. Now, while the middle and little fingers are held in a flexed position, these accessory tendons, by virtue of their attached extremities, hold in check the extending power of the muscular fibres operating upon the tendon of the ring finger, and thus this finger is restricted in its function of extension to a very limited degree.

These accessory tendons are sometimes found in one hand and not in the other. They exist more frequently in the right hand than in the left.

Now and then the extensor tendon of the ring finger splits at the point of departure of the accessory slips and then reuniting leaves a button-hole appearance, and again these accessory slips are entirely absent.

Since 1857 the author has divided these accessory tendons by subcutaneous incision for the purpose of liberating the ring finger in fourteen persons, and in nine of these the operation was performed on the tendons of both hands at one sitting. In not one of them did any accident follow the operation. A slight swelling of the parts remains for less than a week. The operation does not lessen in the least the power of the common extensor muscle to extend the neighboring fingers, and the power of the extensor tendon going to the ring finger is left unimpaired. The immediate result is to increase by an inch the range through which the ball of the ring finger can be elevated from the plane of the hand, and to greatly extend and facilitate the use of this finger on the keys of a piano.—*Proceedings of the Philadelphia County Med. Society, 1884.*"

IMPRESSIONS OF SOUTHERN CALIFORNIA.

J. A. MUNK, M. D., LOS ANGELES, CAL.

In answer to a suggestion in the May JOURNAL I will give my impressions of Southern California.

I first visited California in the summer of 1886 and was greatly pleased with my trip. Indeed, I liked it so much that I made the trip every year until I came here to live. On my several journeys I stopped at various places on the Coast, from San Francisco to San Diego, but my preference was always for Los Angeles. I have lived here nearly four years and am entirely satisfied with my choice.

The climate of southern California is pleasant during the entire year. There are in reality but two seasons, spring and summer, of which the latter is the most enjoyable, because of the absence of rain and the uniform every-day picnic weather during eight months from April to December. Except in the rainy season every day is calm, bright and pleasant. A rainy day as is known in the East is a rare occurrence, and cyclones are unknown. The sun, perhaps, shines hot in the summer, but its fiery rays are neutralized in the cold sea breeze. The rain falls gently and is never accompanied by wind; while a flash of lightning or clap of thunder is so rare that it is a curiosity. In the winter a white frost is sometimes seen early in the morning, but it is usually so slight and evanescent that the most delicate plants growing in the open air are scarcely ever touched. What snow falls lies on the distant mountains as a reminder of winter, but the hills and vales of the Los Angeles plains are robed in green and decked with bright flowers. When the long drought of summer sets in the crops are kept growing and the fields looking green by the water which flows in the irrigating ditches. In the country the roads become dusty from much travel, but in the city this is obviated by the daily sprinkling of the streets. To me the summer is the most enjoyable season of the year because of the long train of pleasant days during months of delightful weather. The summer climate of southern California is even better than its winter climate, but it is all good, as nearly perfect, I believe, as can be found anywhere.

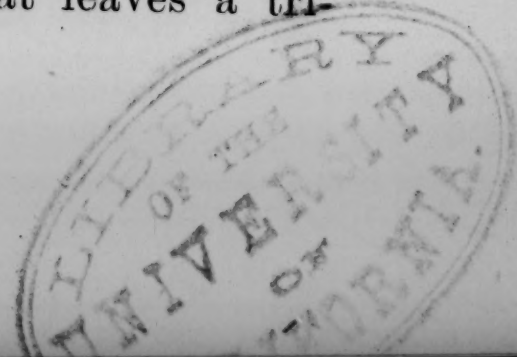
Los Angeles is central to many

points of interest. If a change be desired, less than an hour's ride will take the pleasure seeker to one of the many near by, seaside resorts or to the top of the mountains via the Mt. Lowe railroad, making a difference in altitude of over 6,000 feet.

To speak of the climate of California as being the same all over the State is a great mistake. The State is so large and its topography so varied that it furnishes every variety of climate from the severe winter weather of the high Sierras to the torrid heat of the Colorado desert. The sea breeze which is always cool, summer and winter, is the great modifier and charm of the Pacific Coast climate. It blows regularly every day and carries coolness and comfort wherever it goes. It does not penetrate far into the interior owing to the range of high mountains which run parallel with the shore; and where the sea breeze does not touch, the heat in summer is much greater and the cold in winter is likewise more severe.

On the northern coast of California for a distance of nearly 800 miles the Coast Range of mountains rise abruptly from the shore and largely prevents the sea breeze from blowing far inland. The only considerable break in the long chain is at San Francisco where the wind rushes in through the Golden Gate as through a funnel, often with uncomfortable fierceness. However, San Francisco has a bracing climate, and can boast of its handsome men and beautiful women.

At Santa Barbara the Coast line bends to the east and the mountains turn almost at a right angle from Tehachapi to San Bernardino, thence south to San Diego, that leaves a tri-



angular space open to the ocean 200 miles long and 100 miles broad. Over this wide plain the refreshing sea breeze, unobstructed blows gently every day, and is the chief factor in making the incomparable climate of southern California.

Los Angeles is the metropolis of southern California and of the southwest, and is destined to become a large city. It has a population of 100,000 inhabitants and is growing rapidly. During the past two years there has been an average of five houses built every day and the building boom is on the increase. It is a great place to meet people from everywhere. It seems as if every person who comes to the Pacific Coast stops at Los Angeles, and the daily crowd on Spring street gives it the bustling air of State street, Chicago. As a place of business it offers opportunities equal to the best, but for obvious reasons not everyone who seeks an opening finds it. All the professions and trades are fully represented, but in a growing city there is always a chance for push and enterprise to establish itself. The last census gave a larger per cent. of physicians in proportion to the population in this city than in any other place—one physician to less than every 200 inhabitants, yet others are coming and more are bound to come—there are about a dozen Eclectic physicians and all are seemingly doing a satisfactory business. I have thought that one need was a thoroughly competent Eclectic surgeon, an up to date man, whose ability was unmistakable, and able to lead the profession, such a man in my opinion would find in this city a promising field.

On account of the pleasant weather

professional work is much less laborious here than elsewhere where the elements are unpropitious. Personally I find the difference greater than I could have imagined before getting my experience.

To anyone choosing a location my advice would be, *find a place where you want to live* and then seek to establish yourself in business by the use of every legitimate means, rather than to hunt for an "opening" which may prove not to be an opening at all. Money-getting should not be the only aim in life, but it is an important one, and should be combined with every other desirable element in deciding on a permanent location.

MATERIA MEDICA—THEN AND NOW.

JOHN R. FEARN, M. D., OAKLAND, CALIFORNIA.

The former time, "then," referred to in the title above, does not by any means carry us back to the time when medicine was a mere jumble of ignorance and superstition, to periods when articles unlikely to help, unlike in their therapeutic powers, and disgusting in their nature and source, were all shaken together in one mess and given to the sick. For the purposes of this article we will go back scarcely more than forty years; and our observations will be confined to our own school.

Many among us are old enough to remember the materia medica of forty years ago. To these and to every true student of the American Practice of Medicine the terms "then" and "now" as applied to materia medica will be subjects for reflection the most interesting and profitable. It will be of no use to tell such students that there has

been no progress in the art of medicine. We know that our *materia medica* is better, and we know better how to handle it. And why should it be otherwise? While everything in art and mechanics is bounding toward the goal of perfection with almost lightning speed why should the art of healing lag behind?

Forty years ago the old gray mare was hitched to the "one-horse shay," and the old deacon, wrapped in his winter robes, and with a hot soapstone to his feet, made his way through the mud and darkness, behind his ancient steed, to the meeting-house or to the town hall. If the deacon were alive to-day he could stand at his gate, while, coming in the distance, he could observe a car looking as bright as a fairy palace; there are no snorting horses nor even a puffing engine, and yet it moves along like a thing of life; it is propelled by electricity. He could step aboard and find every corner of that spacious car filled with a soft, steady light; it is not the sputtering oil-lamp nor the flaring gas-jet; that car is lighted by electricity. It is a bitter cold night without, but in that car he breathes an atmosphere as warm and pleasant as a summer's zephyr and yet there is no stove nor steam-pipe; that car is heated by electricity.

What a change for the better! Electricity diligently studied and applied is illuminating, renovating and rejuvenating this old world. Does *Materia Medica*, the armament of weapons that the physician uses to fight disease, stand still? It may be true that it does not make the progress that we think it should, but still there are a few monumental mile-stones, every one of which represents an advance.

Suppose that forty years ago the old deacon had sickness in his family. Being of the Eclectic persuasion he would call in a physician of that kind. The man of roots and herbs, if he did not walk, would drive up in a carriage as antiquated as the aforesaid ancient shay, bringing with him saddle-bags or a haversack filled to running over with indigenous remedies in their crude state. Having examined his patient he would set to work to make his infusions or decoctions, and presently the house would be filled with the odor of steaming herbs. The initiated, by taking a sniff at the door, could usually tell the disease with which the patient was suffering.

If the patient suffered with pleurisy there would be the smell of steaming *Asclepias tuberosa* or *Aristolochia serpentaria*; if lung-fever, there would be the same remedies, with the addition of *Lobelia inflata* or *Sanguinaria Canadensis*; if colic, then there would be *Dioscorea villosa*, *Viburnum opulus*, mints and *Capsicum*; if a uterine difficulty there would be the aroma of *Caulophyllum*, *Cimicifuga*, *Aletris* or *Helonias*, etc.

How different now! The man of pills, if he do not come on the cars, drives up in a nice rig. In place of the old saddle-bags is a neat pocket-case, eight inches by two, or, perhaps, if he carries more medicine, he has a neat buggy-case, ten inches by six. He examines his patient with precision, and for this purpose brings to his aid pleximeter, percussor, stethoscope, fever thermometer, etc., as the case may require.

Having noted the indications for remedies, he opens his case and takes out not handfuls of crude materials,

but merely drops or grains of remedies, scientifically prepared, and because so prepared, able to grapple with perturbed functions or diseased organs.

His medicines are given in small and, usually, frequently repeated doses, not necessarily nauseous. They are given for specific effect.

The *Materia Medica* of our school forty years ago was even then a big success. But who desires to go back from the precision of the present to the crudities of the past? We believe our remedies to-day to be far preferable to those of the fathers.

We will conclude this article by calling attention to some of the points of improvement in our *Materia Medica*. First, our vegetable remedies are better because they are truer to name.

In the early days of our school the physician gathered many of his own plants, or at least they were gathered under his supervision. Under these circumstances they could be depended upon, but there came a time when he was too busy and this work was delegated to others; and then sprung up a class of men who made it their business to gather medicinal plants. Granting that these men were honest (and I have known some of these whose honesty I could not doubt), yet many of them had no knowledge of botany, and, as a consequence, plants looking similarly, but in reality different in their medicinal properties, were often mixed; and this sometimes gave rise, if not to serious results, yet to great disappointment in therapeutic action.

Then again, with an idea of making money, individuals tried to grow medicinal plants by wholesale in botanic gardens. This, as might be expected,

was largely a failure. Every physician of experience knows that a plant grown in its own natural habitat, as a rule, has better medicinal powers than a plant that is only cultivated for commerce.

The plant whose natural habitat is a mountain-side, where it revels in a limestone soil, may seem to grow luxuriantly in rich bottom-land, but in therapeutic power it will sometimes be very different; so a plant whose natural habitat is in thick shady woods, may seem to do well, cultivated in an open garden, but in therapeutic power it is not the same. We might in this way cite case after case.

I have seen botanic drugs the result of cultivation that were not worth the paper they were wrapped in; and for therapeutic properties they would stand no comparison with their representatives gathered in their own native wilds, whether mountain, wood or morass.

But to-day vegetable remedies are used so extensively in the making of tinctures, fluid extracts, solid extracts, etc., that of many of them, where a pound was used formerly there are a thousand pounds used to-day. The great houses of this country that handle these goods have so much money invested that they cannot afford to be careless.

They have intelligent agents who gather these articles at the proper time in their own natural habitat. They are carefully picked over, so that all foreign and extraneous matter is removed; and as a result, when you use goods of this nature, bearing the name of responsible houses, you know what results to expect from them when given to the sick.

In the second place, our medicines are better, because, after being well gathered, they are better and more scientifically prepared for the physician's use. Think of the early efforts to get good vegetable extracts. In many cases the plants were covered with dilute alcohol, and after it had stood for a time it was decanted off. The residue was treated to successive boilings to get the strength, and after it had been boiled down sufficiently the alcoholic and aqueous extracts were added together to form the fluid extract. What a turbid and dirty mess it was, prepared after these old methods. I have seen fluid extract of aconitum so thick you could scarcely pour it from the bottle; but this is changed now.

Pharmacy is a science, and the careful pharmacist will take each plant and study its composition. He knows that boiling an aromatic plant will dissipate its aroma and finer qualities, they will leave the stew-pan and pass up the chimney. To-day each plant is studied by itself.

One of the most important things to learn is the alcoholic strength of menstruum, which is best adapted to exhaust the strength of the plant. Some will want a menstruum of twenty-five per cent. alcohol; others all the way between that and ninety-five per cent. If the proper strength of menstruum be used we shall not only be able to get the strength from the plant, but the resulting extract will be more permanent and less liable to throw down a dirty precipitate. Examine the specific medicines and the fluid extracts made by leading houses. We find them clean, bright; and if those plants, any of them, have any special

fragrance or aroma you can detect it as soon as you uncork the phial. The smell and taste, if you are acquainted with them, will give you the name oftentimes without looking at the label.

This is a great change in the right direction. Your knowledge of specific diagnosis and specific medication may be perfect, but it is of no use, unless you have good drugs to meet specific conditions.

But it is not only in fluid remedies that our *Materia Medica* is so much better, our powdered drugs and active principles are all better for the same reason. You cannot make good resinoids out of poor and mixed plants any more than you can make a silk purse out of a pig's ear.

In the line of powders we have learned from our Homœopathic friends the use of triturations, and these are a very grand addition to our medical armamentarium. There has been much sneering at the triturations in the past, but "they laugh best who laugh last." I myself do not believe that you put power into a drug by the labor you spend upon it in triturating it, but I do believe that by long and careful trituration you can set free a power that is already in the drug. As I have told my students, "by long trituration you can set free the soul that is in the drug." Let those who doubt try the simple podophyllin without trituration; then take podophyllin from the same package, treat it to long trituration with sugar of milk; then use the trituration in one-eighth the doses that you use the untrituated, and if your experience coincides with mine you will get more work and more satisfactory work from the lesser dose of the triturated drug.

Take 3x triturations of podophyllin, arsenicum, tartar emetic, etc.; test them thoroughly in your practice and you will cry "Eureka." You will not then be willing to part with triturations. They are reliable, elegant and most pleasant pharmaceuticals.

I have treated almost entirely of the vegetable materia medica, because as a school we have done so much to develop this branch. But I need not tell the practicing physician that the chemicals which enter into our materia medica are also better, and that, therefore, we record advancement all along the line.

To conclude: our materia medica now is also better than that of the past, because it is less complicated. Polypharmacy has been one of the greatest curses of the practice of medicine. This applies not only to the old school but to our own. Medicine can never take its place among the exact sciences while we continue so much mixing of drugs. Suppose for a moment that by giving a combination in which from six to twelve different remedies enter we can cure the disease, the procedure is nevertheless unscientific. No chemist can give you the resulting chemical formula of the compound; it is impossible.

But it is not only unscientific; it is uncertain. No physician can say which of the ingredients in such a combination was the one that brought relief.

Therefore we say polypharmacy can never lead to certainty in medicine. It can never raise the practice of medicine to a scientific basis. One of the most hopeful signs of the times in connection with the American system or Eclectic practice of medicine is the fact that a very large percentage of our physicians are coming down to simple

medication—one remedy for a specific object; and this is what we call *specific* medication.

Therefore, we reiterate, our materia medica is better to-day because

1st. Our drugs are truer to name and nature.

2d. They are better prepared.

3d. We are more frequently prescribing single drugs for specific purposes, and this last, combined with the other two, will lead to the millenium in medicine.

JABORANDI AND BELLADONNA.

WM. S. SUTTON, M. D., LEFLORE, I. T.

Authorities tell us not to prescribe jaborandi and belladonna together, yet there is no combination that can be given with greater confidence in some forms of malarial toxemia, those for example where there is evident congestion of the nerve centers, and yet we have strong manifestation of irritability of the sympathetic also, in most cases there seems to be an alternation of excitation and congestion.

The following cases will illustrate the conditions calling for the combined action of the two remedies.

Case I. A child, had been having the chills, each one harder than that previous, had one the morning I was called; temperature 105°, pulse 180, face purple, white around mouth, picking at the nose, bowels tympanitic, eyes half open, the usual belladonna grunt, head sweating, very little moisture on the body.

Was taking aconite, belladonna and dioscorea, with quinine by inunction in the remission. The case was grave

and as I looked down on my friend's little boy not yet two years old, the responsibilities of a physician seemed greater than I had a right to assume, the indications seemed clear and in defiance of authorities the prescription was

R

Jaborandi (Lloyd's)	-	30 gtt.
Belladonna	"	6 "
Aconite	"	5 "
Dioscorea	"	40 "
Water	-	4 3/4

M Sig.—Teaspoonful every hour until fever declines, then in one-half doses.

When remission occurred, quinine by inunction, 4 gr. every three hours; next exacerbation much lighter, and the second almost nill. Then he was given pod. trit. and santonine, as of course, everybody knew he had worms, but nary a worm put in an appearance, and among the thirty odd cases that came under my care presenting similar symptoms every one received substantially the same treatment and in no case did worms make their appearance and yet the patients recovered.

In one case I was called, because as the father stated, he thought it would die anyhow (?) It was on gelseminum, sweet spirits nitre, and lobelia. Had bronchitis with pleuritic complications ninth day; alternated excitability followed by depression in which dissolution seemed imminent:

R

Jaborandi	-	30 gtt.
Belladonna	"	5 "
Water	-	4 3/4

M Sig.—Teaspoonful every hour.

Also small doses of lobelia and sanguinaria to dilate bronchioles, and acetate of potash and hairscap moss, to start the urinary secretions; recovery prompt, to the gratification of all.

While as a rule I would not give jaborandi unless the pulse was strong,

yet I recall several cases in which the circulation gained volume and strength under its administration, the dose was always decreased on the decline of fever.

Of course any remedy that is indicated should be given as a part of good treatment, but can we not study combinations for their specific indication to advantage? There may not be much in it but there is something.

CHRONIC RHEUMATISM.

G. HENRICKSON, M. D., SACRAMENTO, CAL.

The word rheumatism is derived from the Greek *rheuma*, a "flux" or "humor"; and the word chronic is derived from the Greek *chronos*, "time"; the term is used as opposed to acute, or applied to disease of long standing.

Chronic rheumatism is a disease characterized by shifting lancinating pains in the joints and in the muscles and parts surrounding them; and occurs chiefly after middle life and is influenced by atmospheric vicissitudes.

Chronic rheumatism is apt to be mistaken for arthritis deformans, but differs from this disease in that arthritis deformans usually effects both sides of the body symmetrically, which is not necessarily the case in chronic rheumatism; and in pathological anatomy, arthritis deformans differs from chronic rheumatism. In arthritis deformans there is destruction of the articular cartilages, and the articular extremities of the bones become much enlarged and hard from an increased and morbid deposit of phosphate of lime; the articular ends of the bones become smooth like ivory from attrition

—a condition known as eburnation. In chronic rheumatism there is more of a hyperplasia of the soft tissues of the joints, and the articular extremities of the bones are not necessarily enlarged. Chronic rheumatism also yields more readily to treatment, and in most cases under proper treatment can be permanently cured; which is not the case in arthritis deformans.

CAUSES AND PATHOGENY.—Chronic rheumatism is occasionally developed as the result of the acute form. In some cases it may be due to improper digestion, and an increase of lactic acid in the blood; or to a deficient action of the excretory organs. Certain poisons introduced into the system, such as lead, syphilis, etc., are often attended with symptoms of chronic rheumatism. It may also be hereditary or due to the so-called "rheumatic diathesis" in some cases. It is, however, more often caused by continued exposure to cold and dampness, and consequently we find that it occurs most frequently among outdoor workers.

The morbid anatomy varies with the severity and duration of the disease. Generally the synovial membrane is thickened and more vascular than normal; the articular cartilages become thickened and rough from the chronic inflammatory process; and the joints tend to be swollen both from effusion and thickening of their soft textures.

SYMPTOMS.—Spontaneous pain occurs in the joints which is aggravated on motion, and by changes of atmospheric temperature, movements of the joints are impaired more or less; the contiguous muscles have a tendency to atrophy; and the joints are swollen and painful.

DIAGNOSIS.—In most cases the diag-

nosis is not difficult; the symptoms above mentioned being well developed; and the history of the case will also aid in making a correct diagnosis.

PROGNOSIS.—Favorable as a rule under proper treatment.

TREATMENT.—In the treatment of chronic rheumatism the first and most important object will be to restore and maintain a healthy standard of digestion, and assimilation; and to establish uniformity and efficiency in the processes of katabolism and anabolism. In order to do this it is necessary that all the emunctories of the body should be stimulated to activity. This necessity will perhaps be more evidently applicable to the skin, since for every square inch of surface of the body, there are, according to Erasmus Wilson, about three thousand five hundred twenty-eight pores, each pore or little tube about a quarter of an inch in length, making in the entire surface nearly twenty-eight miles of drainage through the skin of a man of ordinary size. How important, then, that this vast number of little pores should be open and ready to carry off by cutaneous transpiration the waste products of metabolism or tissue-change.

To keep the skin normally active, direct and indirect diaphoretics may be used, as indicated. Warm alkaline baths, followed by rapid, light friction, will accomplish this purpose and also improve peripheral circulation. Direct diaphoretics, such as jaborandi, asclepias, serpentaria, and a number of other diaphoretics, may be prescribed according to indication; and will be useful to stimulate the sudoriparous apparatus to increased eliminative activity. So, also, may tonics and such agents as will encourage blood-

making process; such as ferrum, cuprum, and others. Also, diuretics, or renal depurants, such as potassii acetas, galium aparine, and juniperus.

Cathartics and laxatives should also be given when indicated, to keep the bowels in good condition.

Electricity, Galvanic and Faradic, and massage, are certainly of great therapeutic value, perhaps the most efficacious agents in the treatment of this disease. The Galvanic current, in some way, perhaps through an unseen molecular disturbance tends to break up and cause absorption of the morbid materials deposited in the joints from a slow inflammatory process; or of the lactic acid crystals deposited in the joints which cause the pain, enlargement and impaired mobility. It thus alleviates the pain, reduces the enlargement and roughness of the articular cartilages to a healthy condition, and re-establishes normal mobility. The Faradic current acts more as a stimulant and tonic to the muscles, and tends to restore their tonicity.

The following case will illustrate the advantage of electricity and massage:

The patient, Mr. W——, age forty-four; a laborer by occupation; came to San Francisco five years ago, when he went to work in a freight house, remaining three years, and in this position he was frequently exposed to cold draughts of air. One year previous to consulting me he had worked in a sewer with his feet and legs much exposed to the wet; and at this time, the first attack had been brought on. There was no history of any hereditary diseases or tendencies. The attack had commenced by pain and cramps in the feet; then the joints gradually

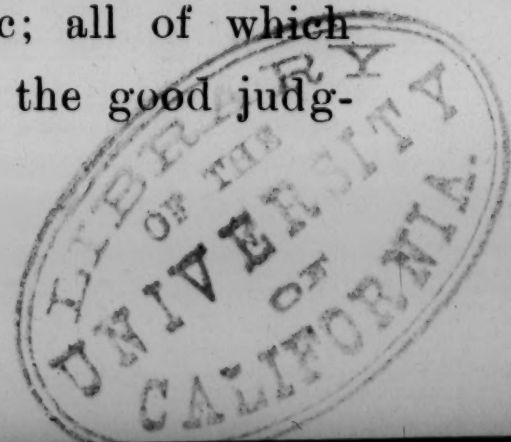
swelled and became painful. All the joints except the hip and shoulder joints were affected.

The joints were enlarged and stiff; the muscles were flabby and atrophied; there was severe pain especially on motion, which sometimes seemed to shift from joint to joint; pain also aggravated during cold and damp weather—the patient frequently being able to foretell a coming storm, by the increased pain and discomfort; the patient could walk with difficulty by the aid of a stick.

I had the case under treatment for about five weeks, at the end of which time, the patient's joints were less painful and swollen; the muscles had regained their tonicity; the patient's general health was much improved; his weight increased six pounds and he could walk without difficulty, and without the aid of a stick.

The treatment consisted mainly of massage and electricity every other day. Carefully kneading and manipulating the joints together with passive motion, and friction, then Galvanic, and Faradic currents alternately for ten or fifteen minutes each. As an internal remedy, sulphur, 1st X trituration, ten grains, four times a day. Sulphur and salt water baths alternately.

In the treatment of chronic rheumatism almost innumerable remedies might be mentioned, but I shall speak of only a few, viz., sulphur, potassii iodidum, berberis aquifolium, guaiacum, colchicum, cimicifuga, alkaline mineral waters, lithium and its salts; and tonics such as iron, quinine, oleum morrhue, and arsenic; all of which may be prescribed as the good judg-



ment and knowledge of the physician may dictate.

Hygienic treatment is also of great importance. The patient should wear good flannel underclothes; should keep the feet warm and dry; should have plenty of fresh air, and sunlight; should have warm baths every second or third day; and a Turkish bath once a week.

The diet should consist of a liberal variety of plain and easily digestible food, taken at regular intervals; and alcoholic drinks should be avoided.

By such means we may expect to be successful in overcoming this stubborn complaint.

ALOPECIA. (No. 1.)

A. W. TRAVERSE, M. D., SAN FRANCISCO,

Synonyms—Calvities, Defluvium Capillorum, Baldness.

Definition—Alopecia is a pathological deficiency or loss of hair, partial or complete, symmetrical or asymmetrical, most commonly affecting the scalp, although at times implicating other portions of the body normally provided with hair.

Varieties—There are four varieties of alopecia: Alopecia adnata; alopecia senilis; alopecia presenilis or prematura, and alopecia areata.

ALOPECIA ADNATA.

As its name implies, this form of alopecia is a congenital deficiency of hair, from an arrest of development of the pilary system.

Symptomatology—This baldness may be localized or complete, and the parts implicated are entirely devoid of hair, even of the lanugo variety. Under normal conditions children are born

with a fair compliment of hair, either luxuriant or lanugo. When this hair is long and pigmented, it soon falls out and gives place to lanugo filaments, which increase in size and strength with age until a vigorous growth is reached. In alopecia adnata, whether the lack of hair implicates the entire scalp or only certain regions of it, after the lapse of some months or years a pilary growth usually occurs, although perhaps not as vigorously or luxuriantly as in children born with hair. In some cases, however, the baldness is permanent, either on account of an entire absence of hair-follicles or their presence in only a rudimentary state. When the condition is permanent, there is often a delay of dentition, or an arrest or abnormality of development of the teeth as a coincident feature.

Pathology—In chronic cases of this congenital form of alopecia, the microscope reveals a more or less complete lack of hair-follicles, with perhaps here and there the development of a rudimentary filament. Hutchinson (*Brit. Med. Journal* 1886) reports a case of alopecia adnata that was accompanied by atrophy of the skin over the entire body, and absence of nipples.

Etiology—The congenital lack of hair constituting this deformity is caused by an arrest of development of the pilary system, most likely the result of a lack of innervation in cases that afterward develop a pilary growth, and to an absence or rudimentary state of the hair-follicles in inveterate ones. Heredity is considered by some to be an etiological factor of the deformity.

Diagnosis—This deformity being a hair deficiency instead of a hair loss,

the time of its incipency, indicated either by the age of the patient or a history of the case, makes it utterly impossible to make any mistake in the diagnosis.

Prognosis—The prognosis in most cases of the affection is good, but in the few cases in which there is an absence or rudimentary state of the hair-follicles, the development of hair is naturally impossible and the deformity permanent.

Treatment—The treatment of this congenital deformity consists in the improvement of the infant's nutrition and hygienic measures directed to the scalp. Soap and water is sufficiently stimulating to the hair-follicles at this time, but as a child grows older, applications of sulphur ʒj, quinine sulph. ʒss, vaselin ʒj, may be made to the scalp. As before stated, treatment is of no avail in the cases where there is absence of hair-follicles.

ALOPECIA SENILIS.

Alopecia senilis is the loss of hair which occurs with advancing years, and is concurrent with waning sight and hearing, and other signs of decrepitude.

Symptomatology—The prime of life is usually reached between the forty-fifth and fiftieth years, and the baldness of old age generally begins at about this time. This falling of hair is most commonly preceded for some years by carities, although the entire process of loosening and dropping out may occur in pilary growths which retain their normal pigment coloring to the last. The process is a gradual one, the hair becoming thinner and thinner until the baldness is complete over the implicated regions. Whether occurring over the vertex, forming the

tonsure of the priest, over the frontal region, producing the receding forehead, or over the entire calvarium, barring a fringe of hair over the occiput and temples, the baldness is always symmetrical. This gives the aspect a species of dignity and venerableness that no asymmetrical hair loss could produce. This denudation of hair may affect the axillæ and pubes as well as the scalp, but only in a small per cent of cases. Jackson has seen such cases in women but never in men. The hair of the beard is very rarely shed. According to Michelson the hair of the beard, pubes, and axillæ is often more dense in late than in early life. Before dropping out the hair atrophies, becoming thinner in diameter, and losing its lustre and suppleness. The hair-follicles are also implicated in this state of atrophy. The denuded scalp is smooth, shiny, stretched and thinned, and either dry or oily.

Pathology—In the baldness of old age the scalp, subcutaneous tissue, and hair-follicles are all found in a state of contraction and atrophy, the result of starving the tissues by the gradual lessening of their blood supply, and consequent lack of nutriment furnished them from the action of the then ever-present fibrous endarteritis narrowing the lumen of the vessels. When this condition has progressed for some time, the cutaneous capillary circulation supplying the hair-follicles is found cut off by the obliteration of the lumen of the minute vessels, and the follicles themselves are shrunken and destroyed.

Etiology—This baldness is directly caused by the atrophy and disappearance of the hair-follicles. The genera-

tive organ of the hair being destroyed, the pilary filaments when once shed cannot be reproduced, so baldness is inevitable.

Diagnosis—The only disease that senile alopecia requires to be differentiated from is alopecia prematura. The age of the patient easily decides this question. If the loss of hair occurs after the age of fifty years, accompanying other signs of waning vitality, the baldness is of the senile variety, but if it comes on before this period, while the bodily vigor is unimpaired, the alopecia is presenile.

Prognosis—Senile alopecia resulting from the atrophy and destruction of the hair-follicles is always permanent and irremediable.

Treatment—After the atrophic stage of the disease has been reached, it is obvious that it is utterly useless to endeavor to effect a return of the pilary growth by any form of treatment. In the early stages of the affection, before the hair-follicles have been destroyed, some beneficial results may occasionally be secured from local stimulating applications made to the scalp, nerve tonics given internally, and careful attention given to the general health.

ALOPECIA PRESENILIS SEU PREMATURA.

This form of alopecia is the loss of hair occurring before the prime of life is reached, and may be either idiopathic or symptomatic.

ALOPECIA PRESENILIS IDIOPATHICA.

This loss of hair is of spontaneous occurrence, instead of following as a symptom or effect of some antecedent disease, either local or general. It is therefore a primary, not a secondary affection.

Symptomatology—This form of baldness is similar to alopecia senilis in

almost every respect excepting the age of the patient. In its symmetrical involvement, area of distribution, and general course, they are identical. Its progress may be rapid, slow, or intermittent. Canities do not usually precede it. It occurs much more frequently in males than in females, and most commonly in those leading sedentary lives. It may begin any time after puberty, but comparatively seldom before the twenty-fifth year of age.

Pathology—The morbid anatomy of idiopathic presenile alopecia is similar to that of senile alopecia, with the exception that the etiological atrophy takes place at an earlier date. Here there is a narrowing of the meshes of the reticulated connective tissue beneath the scalp until they finally disappear, and a cutting off of the blood supply to the hair-follicles by the obliteration of the lumen of the minute vessels supplying them nutriment. The resulting atrophic destruction of the hair-follicles is further augmented by the pressure the follicles receive from the atrophying connective tissue becoming more dense. At the beginning of the morbid, atrophic process, the regenerated hairs are seen to be shorter; later they are found thinner in diameter; and finally, as the follicles atrophy and disappear, the hairs fail to be reproduced and baldness results.

Etiology—Heredity appears to be the chief causative agent at work to produce the atrophy that results in idiopathic presenile baldness. This predisposition to hair-loss is bequeathed to each succeeding generation in some families. Jackson has made a careful study of this subject, and he finds that in one hundred consecutive cases, forty-six per cent were traceable to heredity,

and that this predisposition had a tendency to descend in the same sex. In every case were the baldness affected women, some maternal ancestor was found to be affected. In fifteen per cent of the cases where the baldness was traceable to the paternal side only, the patients were men. Men are much more often afflicted with baldness than women. This may be accounted for by several theories:

1. The wearing by them of head-gear much heavier, more impermeable, and more constricting, which prevents sufficient æration of the scalp and retards circulation by means of pressure.

2. The small amount of care and attention given to the hair on account of the style of cutting it short.

3. The failure to preserve the cushion of adipose tissue beneath the scalp. The writer's opinion is that this theory furnishes the most probable explanation of the fact.

Severe mental labor, especially when combined with a state of anxiety and worry, appears to have a great tendency to bring about a premature loss of hair. The daily washing of the hair and scalp at the morning toilet seems to have a similar tendency, and Jackson found this etiological factor present in twenty-one per cent of the cases he examined. Next to heredity, Pincus believes a chronic eczema or impetigo of the scalp previous to puberty, to be the chief cause of this early loss of hair.

Diagnosis—See diagnosis of alopecia senilis.

Prognosis—If the atrophic process that causes the shedding of hair is in its incipient stage, the further dropping out may sometimes be prevented by proper stimulating measures applied

to the scalp, and use of tonics given internally to put the nervous system in its best possible condition. When far advanced, however, and the follicles are destroyed and scalp thinned and bound down, all remedial measures are unavailing. If there is a decided family tendency to this early loss of hair, the condition of denudation may also be considered irremediable in most cases. The treatment found most effective will be given in article No. 2.

GEOLOGICAL AND CLIMATICAL.

GEORGE P. BISSELL, M. D., CEDARVILLE, CAL.

At first flush of thought it would seem that a paper on these subjects should be given to a journal that treats of physics proper, rather than to a medical journal for publication, but I have two reasons for departing from that line of practice—a personal one, for I am not in correspondence with any journal that deals in physics simply; and, a wider one, that a medical journal is scientific, to which is added the scholium that doctors come in contact with many people, and are, or ought, by their titles, to be teachers.

I am not self-deprecatative. I conceive that in this treatise I have demonstrated the cause of the two opposite conditions of climate that are known to have prevailed, from the effects they have left, and if at the north, then by parity of reasoning, at the southern frigid zones as well. And I further here make known that I want to be recognized as the author of this theory, and hereby reserve all rights to this essay which the law accords me.

That two opposite climatic extremes once prevailed over the northern part of the north temperate and southern part of the north frigid zones, is a fact recognized and admitted by all well-informed men. The time is less settled. The coal measures of the arctic and north temperate zones are largely made up of tree ferns which only grow in warm climates, and the drift left by the ice age proclaims with equal clearness that a rigorous cold subsequently prevailed over the northern regions now occupied by man. We seek explanation of the causes of these former extremes.

Any theory heretofore propounded is inadmissible for the reason that it covers but half of the ground, save that of a change of the earth's axis, which is contradicted by all considerations of an astronomical nature and by every configuration of the earth's surface. The theory of former internal heat of the earth, even if it were possible and probable, covers only half of the problem, for it leaves wholly untouched the cold climate of the glacial age. Doubtless those who advocate the idea that greater altitude of the land was the cause of the severe climate that prevailed during the ice age, think that they find corroboration of the theory in the terraces left behind, the work of that glacial cap; but this hypothesis, besides being open to the fatal objection that it covers only one-half of the problem, is liable to the objection that nowhere is a terrace left without that terrace having higher ground on either flank, while it has lower ground in front of it, in the direction of the ancient ice flow. A more fatal negative to the theory is the absolute certainty that much of the

country which most plainly shows the effect of that flow, was never much higher than it is at present. A few inches, or feet, do not count in this investigation. The altitude must have been thousands of feet higher to have produced the effects of the ice age.

Connecticut was glacier-swept by the ancient ice cap, down to the granite bedrock, and Long Island is the terminal morain of that glacier, built up from the material gathered from Massachusetts and Connecticut. But that glacier laved its foot in the sea, where it melted and made that morain which is now Long Island. As stated, the glacier swept the country over which it passed, down to the granite bedrock, but did not plow deep furrows in that rock as it would have done had the land been much higher and the descent steeper—as the glacier on the west flank of the Sierra Nevada mountains did actually do, when the height of the mountain and the near lowlands gave greater force to the descent of the ice cap. That the glacier melted in the sea is proved by the interval of the Sound lying between Long Island and the main land. But neither was the surface of the main land higher then than it is now, save by the few feet of soil removed, nor was the sea shore more remote. For had it been the glacier would have pushed itself onward to that sea, as it did push itself through the whole breadth of the Sound and up the slope which itself made to the surface of that island.

Without doubt, old New York harbor is far seaward from the present harbor. But the time when that old harbor was near land and was really a harbor, was long prior to the ice age.

Had it been the harbor during that age Long Island would have been far seaward of its site and the Sound would not be.

Again, the highlands that border California, Oregon and Nevada were never much higher than they are at the present time. The whole configuration of the country proclaims that fact. But these highlands were the very head and source of the ice-flow in this region, and no ice age is there now. A few feet of erosion have doubtless taken place.

We seek cause for these extreme variations of climate but fail to find it in any theory heretofore broached. Mr. Dana was near to solving the problem, and has vastly helped me in its solution. I only wonder that coming so near he missed it.

The cause was an astronomical one, perhaps aided in some slight measure by configuration of continents. Every one knows that the yearly track of the earth around the sun is an ellipse, of which the sun occupies one focus. Now if this ellipse be drawn in proportion as it at present is, and neither foci be indicated, very few eyes will detect its departure from a true circle, so little does it vary from a circle. But that slight variation makes our northern summers five days longer than our winters, because in summer we are traveling the long part of the ellipse. But the ellipse that the earth makes about the sun is an ever-varying ellipse. It varies slightly from year to year, but astronomers tell us that there are great periods of variation of twenty-one thousand years each, and that the ellipse becomes greatly elongated in some of those cycles.

The earth is now traversing the long

part of the ellipse during our northern summers; but already have our summers reached and passed their extreme length, and will continue to shorten until, in about five thousand years, the fourth part of twenty-one thousand, the winters and summers will become equal and the ellipse a true circle, when the winters will be longer than the summers for ten thousand five hundred years, the half of twenty-one thousand.

The ellipse was greatly elongated three cycles ago, so much so that our winters were twenty-five days longer than our summers. Hence we can compute the time that has elapsed since the ice age. Compute thus: $21,000 \times 3 = 63,000$. Add $\frac{1}{2}$ cycle and the sum is 73,500 years. It follows from these premises that the time of warmer northern temperature and of tree-fern growth in northern coal regions was eighty-four thousand years ago, thus: $21 \times 4 = 84,000$.

If now, during any cycle the ellipse should become greatly elongated as it then was, another ice age, preceded or followed by a half cycle of warm arctic weather and renewed fern-tree growth, would be upon us. In the winter while traversing the long part of the ellipse the weather would be colder because longer, and because, being further from the sun, we would receive less heat. The opposite condition would obtain during the other half cycle.

As to configuration of continents, it is reasonably certain the gulf stream once flowed up the Mississippi valley to the Arctic ocean. Its warm waters would materially mitigate the rigor of the climate of shores it should wash to eastward, as it now does mitigate the

climate of Ireland and Norway. Whether a warmer stream than now flows, ever impinged on the shores of Siberia and Alaska, I do not pretend to say.

But it is not necessary to invoke this last named aid. The astronomical cause is all sufficient to account for both extremes of northern climate, and southern as well, and must be accepted as the true cause unless its fallacy can be shown by proving that astronomers are in error.

I claim to have first applied this reasoning to account for both extremes of climate.

ICTERUS IN MEDICAL ABORTION.

By mistake this article found its way to the Editor's desk without its accompanying letter, and not being signed, we do not know the author's name.—ED.

I was recently called to attend a young married woman who it was stated had aborted about twelve hours previous. I found my patient moribund; unable to speak; pulseless at the wrist, and in the most marked condition of jaundice I ever saw.

Inquiry elicited the following facts from the mother-in-law with whom the young people lived. The patient was the mother of a healthy fine looking boy, 18 months old, was about two months advanced in pregnancy but was determined not to bear another child. For some days she had been using sponge tents and punching around in the uterus with a pencil, and taking violent exercise, dancing, etc., with a view to getting rid of the natural and legitimate product of matrimony. About midnight it came. During the night the icteric condition made its appearance, her skin having been quite clear the day previous.

There had not been much hemorrhage.

It was thought she had taken no medicine internally, but the whole affair, including the fact that no medical aid had been called until she was dying, had an air of mystery, and made me feel like using sundry and various adjectives. No inquest was held, it seeming that the chief, if not the only criminal, had gone to a higher tribunal, and the family is among the chief ones in the community and of course an inquest would give unpleasant publicity.

The icterus was evidently the result of the tremendous shock which swept the entire system and engulfed the vital forces. However, another quite different cause was suggested by a lady who saw her. She thought that the pencil had been pushed through the womb and punctured the gall bladder. This theory reminded me of the story of the young doctor with his first case of obstetrics. Some time after the child was born the woman had more pains and soon forced the placenta into the outer world much to the consternation of the young doctor. The husband, seeing the panicky look on his face, inquired if the Dr. thought his wife was in danger. "Danger!" exclaimed the doctor, "I should think so! See here," pointing to the placenta, "her liver has fallen out."

Rudy's Pile Suppository

is guaranteed to cure Piles and Constipation, or money refunded. 50 cents per box. Send two stamps for circular and Free Sample to MARTIN RUDY, Registered Pharmacist, Lancaster, Pa. No POSTALS ANSWERED. For sale by all first-class druggists everywhere. N.B. Greenfelder & Co., Wholesale Agents, San Francisco, Cal. *Mention this Journal.*

Therapeutic Notes.

H. T. WEBSTER, M. D.

OAKLAND.

CALIFORNIA

It is somewhat amusing to note the gradual growth of the tendency on the part of those high in allopathic ranks to absorb Eclectic methods "on the sly." In the last issue of *International Clinics* Dr. N. S. Davis, of Chicago, formerly President of the American Medical Association and editor of the official organ of that body for some time, seems very kindly disposed to one of our old cardiac remedies, viz.: cactus grandiflorus. In three cases of disordered digestion and assimilation described, this agent enters into the treatment, and in one case he throws in a little pulsatilla by way of becoming still more Eclectic in his methods. Doubtless the time has been when he would not have been found recommending scutellaria, hydrastis, pulsatilla, cactus, and other remedies popular with Eclectics, as he now does, but times and fashions change; and while the astute representative of an exclusive sect in medicine might even now refuse to consult with Eclectics he has finally gotten into line enough to appropriate their remedies; without, however, giving them credit.

It is evident that the doctor looks upon his improved prescribing with considerable complacency, and well he may. He is beginning to learn some things in his old age which more enterprising people have known for many years, and put to good account. Of course they have been ostracised for knowing these things in advance, but there is no danger that he and his associates will ever be ostracised by

learning anything new too soon. Even if they do come in on the slow freight they are solid when they get there, and prepared to tell the news, just as much as though everybody had not read the papers early in the day.

* * *

REGULAR MEDICINE AND QUACKERY.—

Verily, "regular" medicine is every day proving more and more its unscientific tendencies and practices in a therapeutic line; by the methods of its followers. Who makes it possible for the compounders and manufacturers of such preparations as sanmetto, pil orientalis, phytoline, succus alterans, chionia, cactina pellets, etc., to do a successful business and expend thousands of dollars annually for advertising purposes? The modern Eclectic certainly knows that these preparations contain remedies upon the use of which he could even give their proprietors points.

Ye ultra hidebound "regular," who has stubbornly refused to acknowledge anything good in Eclecticism for decades, is now ready to accept our remedies, when offered in the form of proprietary medicines, and he swallows them with avidity, without stopping to ask whether they have been tainted by Eclectic hands or not. Truly, old school medicine is asinine in its stubbornness, stupidity and self-complaisance. Has it ever been consistent in its therapeutic doctrines and methods?

I am now treating two cases of mercurial poisoning in young men who having contracted syphilis had been in the hands of two old school practitioners, of modern proclivities—but however modern they may be, the old dogma, "you cannot cure syphilis without mercury," is always one of their

accepted beliefs. The patients had been under treatment from three to four months. In both cases there was fetor of the breath, purple, spongy, bleeding gums, loosened teeth, ulcers in the mouth and throat, and enlarged and sensitive cervical glands, as well as general debility and emaciation. Why do not patients treated with vegetable antisyphilitic remedies present such symptoms three or four months after treatment is begun? For I aver that they never do, and I speak from personal observation. Simply because they are not poisoned with mercury.

Syphilis is not a serious disease if properly treated. It is "dam-foolishness" and mercury that are to blame for the many ills for which mercury is held accountable. After a patient with syphilis has been in Allopathic hands and been badly mercurialized, he is then an undesirable subject to encounter. He can be benefitted, but the task is very much complicated. We then have two diseases to treat, and the mercurial element is much more to be dreaded than the syphilis.

I am confident that the tertiary symptoms of syphilis are more the result of mercury than of the venereal element. Of course they would not result from mercury alone, nor would they result from syphilis alone. The mercurial serves the purpose of fixing the syphilitic deposit in the tissues, when this would not otherwise occur. Our Allopathic friends are superstitious. Talk of the vagaries of Homœopathy! There is more sentimental nonsense about the belief in the efficacy of mercury in disease abroad among the Allopaths than that entire doctrine embraces.

We may sometimes derive beneficial

results in sluggish innervation from minute—very minute—doses of mercury, but in large amount it is more to be dreaded than syphilis.

* * *

CHLORAL IN LABOR.—Several months ago I referred to this subject, but it seems as though it might bear a little more notice. I wish some of our practitioners would report experience with this drug. Chloroform, when properly used, affords pretty good satisfaction, but it is objectionable in certain respects, and obviously there is room for improvement in methods by which labor may be rendered less unpleasant to woman. The following article from Gaillard's *Medical Journal* is an instructive discussion of the relative merits of chloroform and chloral in this respect:

"The use of chloral in the early stages of labor is undoubtedly gaining favor in this country. We understand that it is largely used in England. Dr. Gardiner has recently written strongly in its favor in the *Lancet*; he believes that it has a marked power in assisting dilation of a rigid cervix, and has never seen post-partum hæmorrhage following its use. Playfair has long been an advocate of the drug for this purpose; in the last edition of his work on obstetrics he is even more positive in his statements than in his former editions. Those who have had much experience will, we think, agree in this opinion. Playfair expresses the belief that chloral is destined to be more extensively used in this capacity; in the eighth edition of his work he says that, so far as his experience has gone, he has not met with any symptoms which have led him to think that it has produced bad results.

"The point of especial value in favor of chloral is that it may be administered when chloroform cannot be. To many mothers the most distressing part of the labor is the early stage, when the pains are nagging and ineffectual.

Especially among nervous women of the upper classes, these pains are sometimes almost intolerably severe while the labor progresses but little. After the use of chloral we have frequently seen a despondent and anxious patient regain her courage and pass through her ordeal with comparative ease. Besides relieving the irregular and nagging pains of this stage, chloral, we believe, materially aids in dilatation of a thin and rigid cervix. Playfair believes that nothing else answers so well in case of rigid and undilatable cervix.

"The amount of chloral administered must vary with the case and conditions. Fifteen grains may be given at first, and this dose repeated in half an hour, and again if necessary after one or two hours. If the stomach is irritable and will not retain the chloral, rectal injection may be resorted to. [In double the quantity given by the stomach.—Ed.] It seems, in fact, to be even more effective when thus administered. Thirty grains are usually sufficient to produce a somnolent condition in which the pains become less frequent but stronger, and nervous excitement is calmed. The patient frequently drops into a light sleep between the pains, but rouses as soon as they recur.

"The use of chloral does not in any way interfere with the use of chloroform. The use of chloroform, however, is not required too early, and the amount exhibited can, as a rule, be much diminished. We are convinced that too free use of chloroform retards the pains, and that the tendency to post-partum hæmorrhage is somewhat increased thereby.

"The time is long since passed when arguments were required to establish the propriety of administering anæsthetics during the course of labor. It is the duty of the physician not only to cure the disease, but to relieve pain and suffering. The physician who neglects to relieve suffering when he can do so without detriment to his patient, is seriously remiss in his duty.
—*Gaillard's Medical Journal.*"

Alumni and Personal.

DR. DORA M. HAMILTON, Editor

Communications for this department should be addressed to its Editor, 1422 Folsom Street, S. F.

It is with pleasure that we chronicle the return, with colors flying, of the little delegation from our college who have been taking a course at the St. Louis College of Physicians and Surgeons.

We were represented by five students, Dr. W. A. Harvey, '88, Dr. G. M. P. Vary, '91, Dr. E. H. Lake, '94, and Senior Students, Drs. D. B. Plymire and W. S. Groves, '95.

The doctors report that their training at the California Medical College had been so thorough that they had no difficulty in doing the work required of them at the college of Physicians and Surgeons. In fact, the Eclectic boys took front seats, and each has a diploma and the degree of "M. D." to witness how well those seats were held down. Gentlemen, you have done your Alma Mater proud, and we congratulate you on your success.

* * *

The following very interesting letter is from one of our students of the class of '92 who has gone to Africa as a missionary.

U. S. M. S. "PARIS," APRIL 24, 1895.

Dear Editor:—After leaving Ocean View, California, I learned that my final destination would be in Matebele Land, a subdivision of Zambesia, South Central Africa, about fifty miles south from the Zambsia River and forty miles from Bulwar, our nearest post-office.

On my way to New York, I spent two weeks at the Battle Creek, Michigan, Sanitarium, which is said to be



the largest and best equipped institution of the kind in the world.

The surgical ward is in a separate building and is as complete as it can be made. The operating room is so arranged that everything is completely antiseptic, and the results of the work done are as perfect as this world can produce.

Dr. W. M. Kellog, the operating surgeon, had about twenty assistants, thirteen of them were females—all were well drilled in their work. Everything was done in complete silence, except the surgeon would occasionally explain something about his work. I witnessed during my stay about 23 different operations, some of them very complicated and difficult. One especially so, for the removal of the ovaries where extensive adhesions had to be broken up. When he closed up the abdomen I noticed him pass a suture thread through the fundus of the womb so as to transfix it to the front wall of the abdomen to relieve a retroversion of long standing. In five or six other cases of retroversion of the uterus he transfixed the organ to the front walls of the abdomen by shortening the round ligaments four inches. The most difficult part is to find the ligaments, but he would do it in from five to eight minutes. There were also a large number of lacerated perineums and lacerated os uteri. A great proportion of the cases were curetted to remove the vegetations from the uterine cavity and the os uteri.

One very interesting case was an inguinal hernia. The surgeon completely obliterated the inguinal canal and passed the cord through the walls of the abdomen two inches above the external ring by extending the abdominal incision up to that point, then made a fresh bed for the cord to lie in.

Another interesting case was where he dissected the mucuous membrane from about one inch of the lower rectum for hemorrhoids. The hemorrhage was the worst complication. I only wish I could spend more time there to witness the surgical work.

Dinner is ready and I must close; will write you more, probably from Cape Town. Yours truly,

A. S. CARMICHAEL.

* * *

We are pained to learn of the death of Mrs. Ida Kylberg, wife of Dr. H. Kylberg, '93. The doctor has our sincere compliments of condolence and sympathy.

* * *

Dr. M. E. Van Meter, Post Graduate, '89, has recently suffered the loss of most of his instruments and a valuable library and many other personal effects by fire. If it were possible to discourage the doctor—but he isn't built that way. The loss, particularly of a library with which one is familiar and that cannot be replaced, is most unfortunate.

* * *

Dr. J. E. Shearer, has moved from Clarinda, Iowa, to Nashville, Mo., where he will raise the Eclectic standard and teach a few tricks to his Allopathic brothers already in the field.

* * *

A. Springer, M. D., has moved from Newville, Cal., to Seattle, Wash. We are out, but Seattle has gained, a decidedly good man.

* * *

Our old friend, E. H. Goyer, M. D., '93, writes: "I am practicing at Covelo, Cal., and doing very well considering the small number of people and the great number of other doctors."

* * *

Dr. C. G. George, '94, has located at Redding, Cal., and Dr. H. Louis Hamilton, '94, has pitched his tent at Sutter City, Cal. These young men are thoroughly competent and well equipped for doing good work. We are certain

to soon record an early success for both.

* * *

H. Vandre, M. D., '87, is meeting with good success in his fine drug store at Ocean View, Cal.

* * *

Dr. J. A. Munk, Los Angeles, has kindly complied with the request of OUR JOURNAL in last issue and sends his "Impressions of Southern California." The paper, found in the present issue, is a very interesting one and especially so to doctors looking for the best part of the earth.

* * *

Dr. I. Brothers, of Youngstown, Ohio, sends good words, a "sub." for OUR JOURNAL, and concludes by hoping that "Eclecticism in California may continue to flourish until it reaches the high standard of success Eclecticism has gained in the great State of Ohio." We are proud of all the Ohio boys and will do our best to keep the Eclectic ball a rolling, which they have started so well.

* * *

The household of P. F. Bullington, M. D., E. M. I., '92, Bangor, Cal., was made jubilant on May 19th by the advent of a fine girl baby—mother and child doing well. Look to your laurels, Alumni of the C. M. C.!

W. F. Johnson, of Topeka, Kas., calls upon Dr. Keely to pay him \$100,000 damages for having, as alleged, made a physical wreck of him by the cure. Judge Myers, of Kansas, has ruled that Dr. Keely must make known the ingredients of his bichloride of gold compound, as he holds that the cure is not a property right or trade secret. It is said the doctor will fight the matter to the end before he will give up his secret.

Medical Societies.

OAKLAND, CAL., APRIL 9, 1895.

The Alameda County Eclectic Medical Association met in regular session on Tuesday evening. The president, Dr. M. H. Mehrmann, called the meeting to order.

The members present were Drs. Derrick, Mehrmann, Stetson, Stark, Stone, Van Kirk and Wade.

Minutes of previous meeting were read and approved. It was moved that a statement of finance be rendered by the secretary at the end of each quarter. Carried.

The essayist was unable to be present on account of illness, hence the society spent the time in discussing various subjects of importance.

Dr. Clark, of San Francisco, favored us by his presence. He said he was glad to see our society in a prosperous condition as it betokened a fraternal feeling and interest in Eclecticism to be commended, but frequently absent in larger places.

It was moved, and carried, that we adjourn to meet April 23, 1895.

OAKLAND, CAL., APRIL 23, 1895.

The association of Eclectic physicians of Alameda County, met at 8 P. M., in the rooms of the association at 1116 Washington St. In the absence of the president and vice-president Dr. J. F. Farrar filled the chair. Roll call showed the following members present: Drs. Church, Derrick, Farrar, Fearn, Metcalf, Stone, Turner and Wade.

The minutes of the previous meeting were then listened to and approved.

The essayist, being unavoidable detained, the subject of "Hypertrophy of the heart" was introduced for dis-

cussion. Dr. Stetson came in at this time and was asked to fill the chair while Dr. Farrar made the introductory remarks. He spoke of the subject in general and gave the history and symptoms of two patients suffering from tachycardia.

Dr. Wade then gave some of the interesting features in hypertrophy, naming the different causes which may produce it, and giving differential points between hypertrophy and dilatation.

Dr. Church spoke at some length. He said the hypertrophy of itself needs no treatment but is compensatory and when other wrongs exist it must of necessity be developed before we can have any permanent relief. In hypertrophy the apex beat becomes stronger and may cause a thrill or tremor of the chest wall. The base of the heart is fixed, hence the apex extends farther downward and may be found in the sixth interspace. The infusion of digitalis is his favorite remedy. It steadies the heart's action and really favors hypertrophy. Strophanthus, cactus, nitro-glycerine and other remedies may be used to alternate; but in the doctor's practice he had found nothing to equal the infusion of digitalis.

Nearly all the members of the association discussed the subject and gave their experience in practice.

The question was asked "Do we find displacement of the heart without any cardiac lesion?" It was answered by Dr. Church in the affirmative. Such cases may be congenital.

Reports of cases were then called for. Dr. Turner mentioned a very peculiar and interesting case of a tumor in the left ovarian region in a child of eleven months. Malignancy

was suspected and an operation advised. It had first appeared at the age of six months and had been rapidly increasing in size; at the present time it is as large as the doctor's hand.

Dr. Campbell was retained as essayist for the ensuing meeting, and "Diseases of the Liver" was selected as the subject for general discussion.

At 10 P. M., a motion was made that we adjourn till the second Tuesday in May. Carried.

VICTORY A. DERRICK, M. D., Sec.

BICYCLING FOR WOMEN.

Robert L. Dickinson, M. D., of New York has given this subject careful study and in an interesting paper in the *American Journal of Obstetrics* for January 1895, summarizes as follows:

"Under proper conditions of costume and posture, with care that the exercise be gradually increased and properly graded for the individual case, and where there is no acute inflammation to contraindicate it, bicycling will probably show itself capable of large results as an agent in curing pelvic disorders, since it is one of the few exercises which attract women."

Twins were born in an American home and a bright boy set about to name them. He said: "Will they be called Peter and Repeater?" No, his mother would not listen to such names. Then he said, "let them be called Max and Climax." "No" said she, "they are both girls, so we cannot call one of them Max." Then he said, after much thought, "let them be called Kate and Duplicate." After that he was sent out to play.—Ex.

Oregon Eclectic State Medical Association.

As our last form was going to press the following report reached us from the Secretary, Dr. W. S. Mott:

The State Eclectic Medical Association of Oregon convened at A. O. U. W. Hall in Salem, May 21st, with a large and enthusiastic attendance. The Eclectics of Oregon are awakening to the necessity of the benefits to be derived from a closer friendship and the maintenance of a pushing, vigorous organization.

Doctors Emil Kirshgassner of Medford, and H. E. Curry of Baker City were elected to permanent membership and Dr. D. Maclean of San Francisco, who was present, to honorary membership.

Dr. G. W. McConnell made a lengthy report in reference to the Board of Examiners, of which he is the Eclectic member. He reported that twenty-five applicants had been examined by the Board, four of them being rejected, of whom, however, none were Eclectics.

Drs. McConnell, Kirshgassner and Curry were elected delegates to the National Association which meets at Waukesha, Wisconsin, in June.

The following papers were read, all of which were meritorious, and elicited considerable discussion, occupying the entire afternoon and until the shades of evening closed the overflow of eloquence which echoed and re-echoed from gifted tongues, particularly of McConnell and Melchener.

READING OF PAPERS:

Fads in Medicine,

J. M. GAILLY, M. D., Eugene, Or.

Emergencies in Country Practice,

R. O. LOGGAN, M. D., Philomath, Or.

Placenta Previa and its management,
EMIL KIRSHGASSNER, M. D., Medford.

Balneotherapy, its Use, Neglect and Abuse,

JAMAS SURMAN, M. D., Portland.

Strychnia Poisoning and its Treatment.

E. D. MCKENNEY, M. D., Eugene, Or.

Eclecticism, Its Status, Progress and Specific Features.

G. W. McCONNELL, M. D., Newberg.

A Comparison of the Three Leading Medical Schools.

H. E. CURRY, M. D., Baker City.

Report of Case in Practice,

B. E. ARTMAN, M. D., Junction.

Abdominal Surgery,

J. M. CAINE, M. D., Halsey.

Diseases Peculiar to Women,

W. S. MOTT, M. D., Salem.

Organization and Co-operation as Necessary Adjuncts to Success.

A. L. RICHARDSON, M. D., La Grande.

Bacteriology as an Aid to Diagnosis and Treatment of Disease.

S. C. BROWNE, M. D., Falls City.

An Ode to a Skeleton,

Written by the Secretary.

After the completion of the programme Prof. Maclean of the California Medical College was tendered a vote of thanks for his very able address and wise counsel to the association. The absentees missed a treat.

For the ensuing year Dr. G. W. McConnell was elected president, Dr. W. S. Mott, recording secretary, Dr. H. Michener, corresponding secretary and Dr. S. A. Davis, treasurer. The president, like his illustrious name sake, "G. W.," will, we feel confident, give a good account of his stewardship at our next meeting. He is a hustler

from away back, upon whose every movement is engraved success.

The next meeting of the association will be held at Portland, where a large increase of membership may be expected. Let every member consider himself a committee of one to invite those who are not already members to be present. It is the duty of every Eclectic in the State to affiliate with the society. In members there is strength and prestige. Send your applications to the secretary.

W. S. MOTT, M. D.,
Salem, Or. Secretary.

SILVER.

CHICAGO, May 19. —A special to the *Tribune* from Washington says: Secret-Morton has written an answer on the silver question in reply to James A. Cherry, of Denver, Colo., with whom he has been having a good deal of argument, in which he says in part:

In your last letter you skip reference to any one of the questions put to you in my first communication. Why did John Sherman himself insist upon the repeal of the silver-purchasing law? Why did the Indian Government think of such a thing as closing the mints to silver? Money preceded statutes; it is not an effect of law, but a cause of all law regulating coins and currency. And what more could have been done in the United States, by law, to promote the circulation of silver dollars than has already been done and is being done now?

WHERE IS THE BENEFIT?

What benefit can arise to any one from minting more silver dollars while

scores of millions of such dollars are lying idle in the Treasury, and have been so lying for many years? Nevertheless, these piles of unused silver dollars have been sent out time and again among the people, even at the expense of transportation by the Government, and to-day there are only 54,000,000 of them in circulation out of the 422,000,000 which the Government coined, while 369,000,000 remain unused, inert, dormant in the Government vaults, and this notwithstanding the Act of August 4, 1886, appropriating \$40,000 for the payment of the cost of transportation of silver coin.

Are not the pleadings for silver too often filled with generalities and assumptions without basis of logic or fact? If the case against the patriotism of Congress and the intelligence of the country be so bad; if the piratical and wicked assaults upon silver be so brutal and desperately heinous, give us a bill of particulars, backed up with the names and the dates and the votes.

In your last letter I find: "Make silver into money, give it all its old uses, and there will be a demand for it."

How do you know? What evidence is there of that? To whom do you address your imperatives "make" and "give"? Kindly inform an inquiring country what "old uses of silver" are stripped away from silver. Are not all the silver dollars still legal tender for all debts, public and private, to all amounts? Are not subsidiary silver coins still legal tender for all sums up to \$5 just as they have been since 1853? What functions, right, or use of silver is wanting to it now that it ever had in the United States?

Now, my dear Cherry, in conclusion,

I am like yourself, a citizen of the United States, and, like you, I love my country. Let us together look on the bright side of our country's past rather than on its dark side. Let us praise whenever and wherever we are not forced to blame. Congress has undoubtedly made many mistakes in legislation in past days and in present days, but on the whole, for more than a century Congress has done well. And exceedingly able and patriotic men have managed the Treasury from Hamilton to Carlisle. Therefore, as a people we have very much to be thankful for to God and to our own freely chosen rulers in a long succession. Cheerfulness, frankness, the courage of our convictions plainly stated, and patriotism are the needs of the present and immediate future.

Now, as an advocate of the free coinage of silver at sixteen to one, and as a citizen of Colorado, will you not admit that more silver dollars are in circulation in the United States than ever before since the United States were a nation? And will you not further admit that there are more millions of silver dollars and tons of silver hoarded in the United States Treasury because the people have refused, and continue to refuse, to use them in making the exchanges of their products, goods and commodities than ever before accumulated at any one time in any place since civilized commerce began its career?

Please mention this JOURNAL when writing to our Advertisers.

PONCA COMPOUND.—By Dr. C. N. Miller, San Francisco. This remedy prepared for physician's use by the Mellier Drug Company is put up in tablet form after the following formula:

Each tablet contains

Ext. Ponca	-	3 grains
" Mitchella Repens	1	"
Caulophyllin	-	$\frac{1}{4}$ "
Helonia	-	$\frac{1}{8}$ "
Viburnum	-	$\frac{1}{8}$ "

As will be seen, the compound is composed of the best of uterine alteratives and tonics.

I have tried the tablets frequently and with good results both in cases of passive pelvic congestion with the accompanying uneasiness and disturbance of the general health, and also in the more active forms of uterine lesions.

Recently I was called to attend a married woman, who desiring no further increase in the size of the family had consulted a physician of a neighboring town for relief. After dilating the cervical canal, he sent the woman home with the assurance that everything would come away and that she would soon be all right.

Abortion took place but "everything" did not "come away," and I found the patient manifesting serious symptoms of septic poisoning.

These cases, which every physician occasionally meets, are always sources of anxiety. Prompt measures are indicated and yet if anything untoward happens, the physician in charge is likely to be blamed. Hence it is always well to have good council.

In the above case I procured assistance and we carefully but thoroughly curetted the uterus, removing quantities of wreckage that was beginning to break down, and that must surely

have soon caused death.

After curretting and thoroughly rinsing, the uterus was lightly packed with iodoform gauze. The next day this was removed and the cavity again well rinsed with a hot antiseptic solution. For this purpose I prefer hydro-naphthol as it is healing, cleansing, antiseptic and non-poisonous.

Daily laving of the uterus by means of a Lyman's irrigator was kept up for a few days, and iron, echinacea, podophyllin and sedatives administered internally to counteract the effects of absorption. The chills soon ceased and the temperature fell to normal. The patient was then put upon Ponca Compound Tablets, four daily, and told to go and sin no more. A month or two after, I met her on a street car and was assured that she was as good as new.

The rapid growth of the summer conference idea as a factor in America progress is illustrated by a somewhat elaborate article in the *May Review of Reviews*, in which forecasts are given of not less than seventy-five important scientific, religious, patriotic, reformatory and educational gatherings to be held in the United States during the next six months. The article is of value to teachers and other intellectual folk as an aid in determining the mooted question, "Where to spend the summer."

Sodium Nitrite as a Therapeutic Agent.

Gordon Sharp (practitioner) draws the following conclusions from his experience with sodium nitrite:

1. Sodium nitrite, being staple, may replace the less staple amyl and ethyl nitrites.

2. It dilates all the arterioles rapidly and so relieves the heart quickly.

3. Disagreeable symptoms may be overcome by combining it with ammonia water or spirit of chloroform and

small doses of morphine,

5 To obtain the most benefit from its use it should be continued some time after all symptoms have passed away. By this means the heart is able to regain its tone and so to repair itself.

6 The maximum dose is four, or the most five, grains, and generally one or two are enough.

7 Graves' disease would appear to be aggravated by it.

8 Bronchitis and asthma, in the author's experience, are not benefitted by its use.

4. It is most useful in anginal affections and in irregular heart action.

Escaping From Science.

There's a cunning young bacillus and
a natty little germ,
Or some frisky diatoma or a micro-
scopic worm,
Or some scientific wonder dragging
'round a Latin term,
In our food and air and water and, by
jings! it makes me squirm.

In a hundred generations man will
have no teeth at all,
And his skull will be as naked as a
shiny billiard ball;
His superfluous toes will vanish, he
will be but four feet tall,
So, by jings! you cannot wonder if my
flesh begins to crawl!

He will travel with electrics, bicycles
and cable-cars,
With his airships he will wander like a
meteor 'mid the stars;
He will open navigation on the water-
ways of Mars,
And, by jings! where will you stop him
when he once lets down the bars?

And now Edison's inventing patent
food, and I'll be blessed
If it don't knock out the farmers and
the wheatfields of the West;
Then this baby incubator—yet perhaps
that way is best,
But I'll go to Philadelphia, where my
brain can take a rest.

New Remedies.

THE CALIFORNIA FIG SYRUP DECISION.—The recent decision of Judge Swan, U. S. District Court for the Eastern District of Michigan, against the California Fig Syrup Co., is an unfortunate one for public morals and property rights, and is so much at variance with justice and common sense that it must surely be reversed when a clearer headed judge in a higher court reviews the decision.

The suit in question was to restrain a certain manufacturer from the use of the words "Syrup of Figs," or "Fig Syrup," as applied to a liquid laxative of his manufacture. The judge denied the prayer of the California Fig Syrup Co., on the ground that the name, "syrup of figs," was both descriptive and deceptive.

This preparation was advertised and sold as a LAXATIVE MEDICINE. Had it been a syrup MADE OF FIGS, it would have been both descriptive and deceptive, for a simple syrup of figs would be almost, if not entirely, valueless as a laxative. When a person took a dose of this medicine, he did so, not because he was fond of fig syrup, but because he wanted a laxative medicine. This is what the makers claimed their article to be. If it was this, it was not deceptive. According to this learned judge, the name "Ivory Soap," which greets the eye everywhere, would be deceptive and calculated to defraud the dear people, who might, in buying it, think they were getting a soap made of ivory.

The truth of the whole matter is that the name, "Syrup of Figs," was a collocation of words, first applied by

the California Fig Syrup Co., to a liquid laxative preparation, and the title is as truly fanciful (since it is NOT a syrup made of figs) as if they had coined some jaw-breaking word to designate it. They have therefore a proprietorship therein, and no man has a moral or legal right to use these words to describe a laxative preparation of his own manufacture.—*National Druggist*, May 1895.

MALARIAL CONDITIONS.—For all malarial conditions quinine is the best remedy we have. But associated with this condition there is always more or less pain, which often renders the life of the individual uncomfortable, if not positively miserable. Antikamnia will remove these unpleasant symptoms and place the system in the best condition for the quinine to do its work. There are a number of ailments, not closely defined, which are due to the presence of the malarial poison. All such conditions are greatly benefitted by the use of antikamnia and quinine. In headache (hemicrania), in the neuralgias occurring in anæmic patients who have malarial cachexia, and in a large number of affections more or less dependent upon this cachectic condition, the regular administration of this combination will produce the most happy results. In cases of malarial fever it should be given as a prophylactic and cure.

"Antikamnia and Quinine" are put up in tablet form, each tablet containing two and one-half grains of antikamnia and two and one-half grains of quinine, and is the most satisfactory mode of exhibition.

Please mention this JOURNAL when writing to our Advertisers.

BROMO-LITHIA MINERAL WATER.—

San Francisco, Cal., Jan. 30, 1895.

W. I. Priest, Esq., Agent Ripley Bromo-Lithia, City of Paris Building, San Francisco.

Dear Sir:—I take much pleasure in certifying that I have given the Ripley Bromo-Lithia a fair trial in two cases; one a case of acute cystitis which seemed rebellious to all medication, and the other a case of diabetes of long standing.

In the first instance the relief was great after the second day of treatment, and the patient, after taking the water for a week, refused all further medicine, saying that this water was good enough for her.

In the second instance the use of the water was followed within a week by a fall in specific gravity, and by the disappearance of nearly one-half of the amount of sugar usually found. The patient became more cheerful and his tormenting thirst was greatly lessened.

I bespeak a successful future for the Ripley Bromo-Lithia in the community.

N. S. GIBERSON, M. D., 121 Powell St.

What the following eminent physicians of Cleveland, Ohio, say of Bromo-Lithia Water:

Dr. Clyde E. Cotton considers it a valuable remedy in chronic, muscular and articular rheumatism.

Dr. H. F. Biggar says in the *Argus* of October, 1894: Bromo-Lithia Water from Ripley, O., is excellent in bladder or kidney complications.

Dr. C. C. True says it comes nearest being a specific in rheumatism and cystitis of anything with which he is acquainted. He was cured of rheumatism by using Bromo-Lithia Water.

Dr. G. B. Sturgeon says he has prescribed it with good results in urinary

diseases, calculi, lumbago and scrofula, and that it cured him of inflammatory rheumatism in eight or ten days.

Dr. A. F. Baldinger reports a case of diabetes and a case of kidney trouble; both improving rapidly.

Dr. T. B. Williams reports excellent results in case of stone in the kidney; also cases of lumbago and cystitis.

Dr. R. D. Fry has used it in a number of cases with excellent results.

Dr. J. N. Sipher, two cases Bright's disease cured, one case cystitis cured, one case acne vulgaris cured.

Oakland Agents, Henderson & Graham, Pharmacy, Cor. 10th and Washington Street.

WATERHOUSE UTERINE WAFERS.—The Waterhouse Uterine Wafers, are the best I have ever used. Ladies who have used various other kinds, like yours much the best.

Bristol Tenn. DR. J. A. DICKEY.

My patients are very much pleased with the action of your Uterine Wafers. Castle Rock, Col. DR. G. E. ALEXANDER.

VEGETABLE ALTERANT.—P. D. McCulloch, M. D., Hot Springs, Ark. (University Louisville, 1846, member of the Tri-State Medical Society, and of the Public Health Association of the United States), says, "I consider the Succus Alterans, of Eli Lilly & Co., the very best alterant of which I have any knowledge. I have used it a great deal with invariably good results."

California Medical Journal.

Published by the California Medical College.

DR. C. N. MILLER, Managing Editor.

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Expression is essential to growth. We cordially invite all Eclectic physicians who would keep abreast with the times to make frequent use of our columns.

To insure accuracy, employ the typewriter when possible. Otherwise prepare manuscript with care, re-writing when necessary; be kindly thoughtful of the Editor and compositor, and do your own drudgery—time is money.

This JOURNAL will be issued on the first day of the month.

Let all communications be addressed, and money orders made payable to the

CALIFORNIA MEDICAL JOURNAL.
1422 Folsom Street,
San Francisco, - - - California

Editorial.

THE NEW WOMAN.

As we go to press, the Woman's Congress is in session in San Francisco, and the heavens are animate with visions of the "new woman."

To some good people the heavenly visions are far from angelic, but appear as angular, hard featured, selfish beings, dowdy in dress, cold, calculating, unresponsive, and with scant brains filled with impracticable schemes for righting imaginary wrongs.

Such good people see in the advent of the new woman great discomfort for man, the decay of the household and the downfall of civilization.

Such good people believe that existing conditions are just right, and that progression is downright wickedness; that woman's brightest charms are meekness and simplicity; that woman should learn of her husband;—his pre-

cepts, not example—that woman's sphere, unlike man's, is not the wide earth and the great universe but a stifling space walled in by the four sides of a cage called "Home"; that her throne is the hall stairway; her queenly robes, limb-entangling hopples that in effect make her a life-long cripple; her crown, a towel pinned about her head; her scepter, a rollingpin; her banner, an inverted mop; her constant, never-ending duty to make "Home" pleasant for —

OUR FRONTISPIECE.

Probably no other member of our College Faculty has so wide an acquaintance with the Eclectics of the whole country as the subject of our frontispiece in the present issue, Professor Herbert Tracy Webster, M. D.

Professor Webster is a typical self-made man, one who by diligence and hard work has forced Fortune's favors and made life a success. In our College he is one of the most earnest and successful workers. His life has been full of incident and experience. Space forbids an extended sketch, but we will count the milestones as follows:

The doctor was born in Portland, Chautauqua Co., N. Y., 1847.

Educated in the common schools and Westfield Academy.

Taught district school two years in State of New York.

Graduated at the Eclectic Medical Institute in 1869.

Practiced medicine in Eastern Ohio thirteen years.

Attended a course of lectures at the Homœopathic Hospital College of Cleveland, Ohio, in 1879-80.

Came to California November, 1882. Taught Materia Medica and Therapeutics in the California Medical College the following term. For the next six years taught Theory and Practice, then for four years taught Principles of Medicine and Pathology, returning to the chair of Theory and Practice the present year.

Edited and published the CALIFORNIA MEDICAL JOURNAL from 1883 to 1890.

Visited the principal cities of the United States and Europe in 1890, inspecting hospitals and medical colleges.

Published Principles of Medicine in 1891.

Published Dynamical Therapeutics in 1893.

Dr. Webster's favorite theme is the study of therapeutics. He has originated the use of Avena Sativa as a sexual sedative and tonic. He has also introduced an original method of applying galvanism to the interior of the lower bowel. He has originated the use of Echinacea as a remedy for cerebro-spinal fever.

He is soon to publish a paper on a new California remedy which will prove a valuable addition to our materia medica.

Is a collaborator for the *Massachusetts Medical Journal*; special contributor to the *Eclectic Medical Gleaner*; to the *Cincinnati Eclectic Medical Journal*, and to OUR JOURNAL.

STIRPICULTURE.

In recent numbers of OUR JOURNAL articles on this interesting and important theme were published from the able pen of Dr. Michener, of Halsey,

Or. Much favorable comment was elicited and many calls were received at the office for back numbers containing the series of the Doctor's articles. The extreme interest manifested bespeaks more study and enlightenment along these lines.

"Marriage should be a privilege granted by the state to those who have shown themselves capable of supporting a family under ordinary conditions, *provided* the applicants have been recommended by a Board of Examiners whose duty it should be not only to consider their present mental, physical and moral condition, but all hereditary tendencies toward evil or diseases; also their temperamental compatibility should be considered." Such, in brief, is Dr. Michener's solution of the problem of stirpiculture, and it certainly deserves the thoughtful attention of all who have the true welfare of the human race at heart. But before an enactment of this character could possibly become a law, the people would have to be instructed in these matters and herein lies the duty of the physician.

What think you, doctors? Short articles on any phase of the subject of stirpiculture will be gladly published by OUR JOURNAL.

COMPRESSED TABLET TRITURATES.

These tablets are the most elegant and desirable form in which to prescribe many of our active and powerful remedies. We notice that many of our Eclectic friends consider that they have the acme of perfection in Lloyd's Specifics. These specifics are superior to the majority of fluid medicines in

the market and cannot be entirely dispensed with, but we have in the tablet triturates, for exactness of dose, and convenience of administration, preparations that excel all others.

For the country physician who has to carry and dispense his own medicine they are extremely desirable. The doses are small so as to be applicable for children or adults. The tablets have come to stay until they are superseded by a superior article. Wyeth's tablet triturates supplied by the California Drug Co.

MAC

SCIENCE IN GENERAL.

We call attention to the carefully prepared and well written paper by G. P. Bissell, M. D., in our present issue.

If more of our doctors would make a special study of some scientific problem wholly outside of the field of medicine, our ranks would number stronger brains, clearer thinkers, better writers, and as a consequence better physicians.

We shall be pleased to start a department for the discussion of scientific matters in general. Send along the results of your study.

OREGON STATE CONVENTION.

Dr. McLean, our College President, set a good example in attending the Oregon State Meeting of Eclectics at Salem.

We expect the doctor's visit will increase the knowledge and friendship of the North with the South and that we shall have the pleasure of oftener

hearing from the northern boys through OUR JOURNAL.

OUR PRINTER.

With the present issue our contract expires with Mr. J. S. Collins, who has done the printing of OUR JOURNAL for the past four years- To him belongs the credit of suggesting the change from single to double column pages, and numerous hints that have been in the line of improvement.

Heredity.

All censures are unmerited.
Our follies are inherited,

Directly from our grandparents they come;

Our defects have been transmitted,
And we should be acquitted,
Of all responsibility and blame.

We are not depraved beginners,
But hereditary sinners,

For our fathers never acted as they should:

'Tis the follies of our gran'pas
That continually hampers;

What a pity that our gran'pas weren't good!

Yes, we'd all be reverend senators,
If our depraved progenitors

Had all been prudent, studious, and wise;

But they were quite terrestrial;
Or we would be celestial;

Yes, we'd all be proper tenants for the skies.

If we're not all blameless sages,
And beacons to the ages,

And fit for principalities and powers;

If we do not guide and man it,
And engineer the planet,

'Tis the folly of our forefathers, not ours,

Mildred Lancaster, in Home and Country.



Book Notes.

AN ILLUSTRATED DICTIONARY of Medicine, Biology and Allied Sciences, by George M. Gould, A. M., M. D. Price: Full Medical Sheep, Raised Bands, Net, \$10.00; Half Green Morocco, Marbled edges, Net, \$10.00. With Thumb index. Net, \$11.00. Half Russia, Marbled Edges, Thumb Index, Net, \$12.00. These prices are absolutely net. No discount can be allowed. Publishers, P. Blakiston Son & Co., 1012 Walnut street, Philadelphia.

This is a dictionary we can heartily recommend. It will never disappoint. Contains valuable tables, data and ample illustration.

The *Art Amateur* for May has two charming color plates—"The Watering Place," by J. Peyrol Bonheur, and "Decorative Groups," after Boucher. There are the usual eight large pages of practical working designs for Wood-carving, Pyrography, China Painting and Needlework. The number itself is especially one for the young illustrator. Besides a lesson on "Drawing for Reproduction," by Ernest Knaufft, there are many fine examples of the masterly work of Daniel Virge. The frontispiece is very interesting, being a pen drawing by Thure de Thulstrup, reproduced by the "half-tone" process. Besides these, E. M. Hallowell's "Flower Drawing in Pen-and-Ink," with numerous illustrations, is still continued. Other articles are "Figure Painting," "Landscape Painting," "China Painting," "Talks on Embroidery," "Flowers and Plants in the Home," and how to

have "A Cosey Sitting-Room and Dining-Room Combined." The number abounds with spring flowers—daffodils, violets, jonquils, syringa, tulips, and lilacs. In "My Note Book," the editor, while praising those pictures which deserve attention, unflinchingly denounces certain "old masters" which he finds on sale at some of the well-known galleries in New York. Price, 35 cents. MONTAGUE MARKS, Publisher, 23 Union Square, New York.

A new, finely illustrated and very complete catalogue has been sent us by the J. Ellwood Lee Co., Manufacturers of surgical instruments, specialties, physicians' supplies, and druggists' sundries, Conshocken, Pa. Physicians who would keep up with the times will do well to procure a copy. Free on application.

The editor of the *Review of Reviews* gives his testimony, based on personal observation, to the success of the South Carolina liquor system. "Drunkenness and disorder," he says, "have decreased to a remarkable extent; and whereas the negro laborer was formerly accustomed to spend his week's earnings in carousing on Saturday night and Sunday, he is now spending more upon his family, or else saving his money to buy land."

WATERHOUSE UTERINE WATERS—My patients prefer the Waterhouse Uterine Wafers above any other treatment they have ever tried, and the results in over three years' use have been entirely satisfactory.

D. LESH, M. D.

Albosta, Cal.

ASEPSIN SOAP



MEDICINAL USES OF ASEPSIN SOAP.

FOR THE SKIN.—The antiseptic qualities of Asepsin and Borate of Sodium make this soap desirable for the preservation of the dermal tissues, and to remove and prevent cutaneous blemishes. It is valuable for roughness of the skin, acne, comedones, millium, blotches, excessive greasiness of skin, for softening and preventing roughness and chapping of the hands. It corrects abnormalities of the sebaceous glands, thereby regulating the lubrication of the skin, and is further useful to repair dermal tissues when they have been subjected to the deleterious action of chalks and cosmetic lotions.

CUTANEOUS DISEASES.—For the following skin affections it may be used freely with marked benefit: Acne vulgaris et rosacæ, seborrhoea, eczematous eruption, herpes, psoriasis, prurigo, syphilitic eruptions, dermatitis, ulcerations, pruritic conditions, parasitic diseases, as scabies, for the relief of rhus poisoning, and for the removal of pediculi. A clean skin is necessary in any course of medication, and Asepsin Soap is a rational cleanser.

IN SURGERY.—The surgeon will find it valuable for cleansing the patient as well as the operator's hands, sponges and instruments. For its cleansing and antiseptic effects it may be employed in wounds of all kinds, chilblains, bed sores, ulceration, pustules, and for removing offensive and irritating discharges, and as a foot wash.

IN GYNÆCOLOGY.—It is useful in irritating and offensive discharges concomitant to diseases of females, giving rise to pruritic and inflammatory conditions. Leucorrhoea, simple vaginitis and vulvitis, ulcerations and pruritus vulvæ, are conditions in which it is particularly indicated.

CONTAGIOUS DISEASES.—In the exanthemata it should be employed to hasten desquamation thereby shortening the period of contagiousness and hastening convalescence.

At the time I received the Asepsin Soap, I was suffering intensely from pruritus ani, and had already tried with scarcely even temporary relief, all—or nearly all—the standard remedies for this well-known ailment. I was well-nigh crazed with the intolerable itching, pricking, sticking, gnawing biting, burning pain. I had been nearly sleepless for several nights, and I was so busily engaged with my professional work all day long that it seemed to me that life was a burden, and I could get no rest at night. I frequently sprang from my bed, and ran wildly, crazily anywhere;—suicide would not be strange in anyone in such a condition.

Your Asepsin Soap I used without faith, but with astonishing and almost immediate relief and ease. I think I have never before recommended any special preparation, but nothing less than gratitude is due you for this benefit, and that gratitude I express most heartily now. I have delayed this letter many weeks, but I am still as thankful as ever, for my suffering was of a kind not to be forgotten,

PAUL T. BUTLER, M. D., Alamo, Michigan

ASEPSIN SOAP IS NOW READY FOR THE MARKET.

PRICE, \$1.40 PER DOZEN.

For toilet purposes, a cake of ordinary soap of this size is sold for 25 cents. In order to introduce it, on receipt of 40 cents in postage stamps, we will, for a time send one-fourth dozen cakes by mail to any physician who has not previously purchased it. Send for a quarter dozen, and you will never employ or recommend any other soap, either for toilet or medicinal purposes. Ask your druggist to keep it in stock. Address

LLOYD BROTHERS,
CINCINNATI, OHIO.

Expert Evidence:

PATHOLOGICAL LABORATORY

EDISON G. SMITH, M.D.

HENRY L. BACOCK, M.D.

NEW YORK POST-GRADUATE MEDICAL SCHOOL AND HOSPITAL
COR. EAST TWENTIETH STREET AND 2D AVENUE

New York, Dec. 19th, 1894.

The Palisade M'f'g. Co.
Yonkers, N. Y.

Gentlemen!

In accordance with your request I hereby submit report on the germicidal properties of "Borolyptol".

One (1) part Borolyptol added to five (5) parts virulent bouillon cultures of anthrax suspends their growth after five (5) minutes; after twelve (12) hours action of the same strength solution, the spores of anthrax are completely destroyed.

In three (3) minutes or less, Borolyptol completely destroys the following germs:- Bacillus diphtheriae (Klebs-Loeffler), Streptococcus erysipelatis, and Staphylococcus aureus.

is/ Borolyptol ~~seems to be~~ equal to, and in some instances a better germicide than, a 1-1000 bi-chloride of mercury solution.

a/ Borolyptol as shown above kills anthrax spores in 12 hours 1/4-1000 bi-chloride of mercury sol. will not do this
Yours truly,
J. C. Smith

Director N. Y. Post-Graduate Medical School Laboratory.

RUDOLF'S "Borolyptol"

Owes its remarkable antiseptic power to a combination of the following agents

5% Aceto-Boro-Glyceride,

0.1% Formaldehyde

Pinus Pumilio, Eucalyptus, Myrrh, Storax, Benzoin

Send for samples.
PALISADE M'F'G CO.,
Yonkers, N. Y.